

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588317

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	1					
TOTAL DEP.	8	◀	◀	◀	◀	
TOTAL CLAIMS	9	██████████	██████████	██████████	██████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.						
TOTAL DEP.		◀	◀	◀	◀	
TOTAL CLAIMS	9	██████████	██████████	██████████	██████████	